

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 869492 RECEIPT DATE: 06 / 28 / 01
IA NUMBER: PCT/ US99 / 29939 IA FILING DATE: 12 / 15 / 99
FAMILY NAME: HOOVER DELAY WAIVED (Y/N): Y
GIVEN NAME: ALAN ANDERSON DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 01 / 11 / 99
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: RCA 89855 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
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STATE/COUNTRY: NJ ZIP: 08540
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APPLICATION TITLES:
STEREOPHONIC SPATIAL EXPANSION CIRCUIT WITH TONAL COMPENSATION AND ACTIVE MATRIXING

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 4186

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| SERIAL NUMBER 09/869,492 | FILING DATE 06/28/2001 RULE | CLASS 381 | GROUP ART UNIT 2644 | ATTORNEY DOCKET NO. RCA 89855 |
| APPLICANTS Alan Anderson Hoover, Indianapolis, IN; | | | | |
| ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/US99/29939 12/15/1999 WHICH CLAIMS BENEFIT OF 60/115,324 01/11/1999 | | | | |
| ** FOREIGN APPLICATIONS ***** <i>me</i> | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i> | | STATE OR COUNTRY IN | SHEETS DRAWING 5 | TOTAL CLAIMS 14 |
| INDEPENDENT CLAIMS 1 | | | | |
| ADDRESS Joseph S Tripoli Thomson Multimedia Licensing Inc PO Box 5312 Princeton, NJ 08540 | | | | |
| TITLE Stereophonic spatial expansion circuit with tonal compensation and active matrixing | | | | |
| FILING FEE RECEIVED 860 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |